



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF GEOLOGISTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

REQUEST FOR APPROVAL OF CONTINUING EDUCATION ACTIVITY

INSTRUCTIONS

File this form to request approval of a continuing education (CE) activity. Submit this form *no later than ten business days* before the Board's meeting to the address above. Enclose copies of the following:

- **Syllabus showing course objectives**
- **Course schedule showing breaks and meal periods (no credit is given for program introduction, breaks, and meals)**
- **Credentials of the presenter(s) (e.g., resume)**

If you are a course provider, enclose a check or money order for \$35 payable to "State of Delaware." If you are a Delaware licensee submitting the request to obtain approval of CE credit for your next license renewal, no fee is required.

Courses are approved through the end of the current two-year license period ending 9/30 of even years. Courses submitted by course providers will be added to the Board's [Approved Continuing Education](#) list for the period approved.

For information on the CE requirements, see Section 6.0 of the Board's [Rules and Regulations](#) on www.dpr.delaware.gov. Note that Section 6.9 lists professional societies that are automatically approved by the Board. It is not necessary to submit coursework sponsored by these societies.

REQUESTER COMPLETES THIS SECTION

Reason for Request (check one):

☐ I am the sponsor/provider of the activity below.

☐ I am a Delaware licensee seeking approval of CE credit for my next license renewal. Enter:

Your Name: _____ Delaware License #: **S4** - _____

Your Email: _____

Sponsor/Provider Name: _____

Contact Person/CE Coordinator: _____ Phone: _____

Sponsor/Provider Address: _____
Street City State Zip code

Email Address: _____ Website URL: _____

Program Title: _____

Is this a home-study activity? Yes ☐ No ☐ If yes, is a post-test collected? Yes ☐ No ☐

Presenters: _____ ☐ No presenters

Date(s) Offered: _____ ☐ Not applicable

Total Contact Hours Requested: _____ Is a completion certificate provided? Yes ☐ No ☐

Enter Category from Section 6.8 of the [Rules and Regulations](#) (enter one): _____

BOARD OFFICE COMPLETES THIS SECTION

☐ **Approved for _____ hours in the _____ category through the license period ending 9/30/_____**

☐ **Denied for the following reason: _____**

Signature: _____ Date: _____